

CLIENT BENEFIT FUND – GRANT REQUEST FORM

Grants may be submitted at any time. They will be considered for approval twice per year:

February Cycle: Due Date: February 15th Board Approval in March
August Cycle: Due Date: August 15th Board Approval in September

NOTE: Requests will be considered if there are no other funds available for the same purpose from government programs, insurance or other generic options. Please ask your Service Coordinator for the maximum amount per individual award, as it changes slightly each fiscal year.
Proof of purchase of the approved item must be submitted to the Service Coordinator within 90 days of the check issuance date.

=====

Date of Request: _____ **Amount Requested:** _____

=====

RCRC Client Information

Client Name: _____ Client Date of Birth: _____

Client Address: _____

County in which client lives: _____

Person making the request: ☐ Client ☐ Parent/Guardian ☐ Conservator ☐ Other _____

=====

Item(s) Requested

1. Item: _____ Approximate Cost: _____

Reason for Request/Benefit to Person: _____

2. Item: _____ Approximate Cost: _____

Reason for Request/Benefit to Person: _____

3. Item: _____ Approximate Cost: _____

Reason for Request/Benefit to Person: _____

(Additional items, please add on another sheet of paper as needed.)

Other resources, including family resources, explored to pay for this request (provide source, date requested and outcome of request):

- a. _____
- b. _____
- c. _____

Has the client received a grant from CBF during the current fiscal year? ☐ Yes ☐ No
(Only one grant is allowed per year per client.)

=====

Name of the person/agency check to be made out to and address check to be mailed to:

=====

Service Coordinator

RCRC has explored other resources and funding possibilities, including POS, to pay for this request. No other sources have been found. Resources explored and dates and outcomes are:

- a. _____
- b. _____
- c. _____

Service Coordinator Name (print): _____

Service Coordinator Phone: _____

Service Coordinator Signature and Date: _____

=====

Executive Assistant

Date Request Received: _____ Date Request Sent to CBF Committee: _____